

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 11/29/2001  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 74371 6	2. SYSTEM NAME ROSEDALE HEIGHTS TRAILER PARK	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <sup>Chief Ops Officer</sup> [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
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STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375
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9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@rainierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	25,000

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 & 2 WF			X									X			Y	X						105	70	NW SW	01	21N	01E
S02	WELL #3		X										X			Y	X						302	45	NW SW	01	21N	01E
S03	WELL #1				X								X				X						105	30	NW SW	01	21N	01E
S04	WELL #2				X								X				X						107	40	NW SW	01	21N	01E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 74371 6	<b>2. SYSTEM NAME</b> ROSEDALE HEIGHTS TRAILER PARK	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	138	145
A. Full Time Single Family Residences (Occupied 180 days or more per year)	128 148		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		138	145

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; margin-right: 50px;"><u>345 370</u></span>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2

Quarter: 2

Updated: 11/28/2006

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Other

**ONE FORM PER SYSTEM**

**RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032**

1. SYSTEM ID NO. 19601 W	2. SYSTEM NAME RYANWOOD	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS			7. OWNER NAME & MAILING ADDRESS		8. Owner Number 000212	
BOB BLACKMAN <sup>Chief Ops Officer</sup> [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427			RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448		TITLE: OWNER CONTACT	
STREET ADDRESS IF DIFFERENT FROM ABOVE			STREET ADDRESS IF DIFFERENT FROM ABOVE			
ATTN			ATTN			
ADDRESS			ADDRESS 5410 189TH ST E			
CITY STATE ZIP			CITY PUYALLUP STATE WA ZIP 98375			

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone: (253) 537-6634 x1213		Owner Daytime Phone: (253) 537-6634	
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:	
Primary Contact Evening Phone: (253) 537-6634		Owner Evening Phone: (253) 537-6634	
Fax: (253) 537-7896	E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896	E-mail: irene@ranierviewwater.com

**WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.**

<b>11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)</b>	
<input checked="checked" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

**12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)**

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b> <input type="checkbox"/> Association <input type="checkbox"/> County <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State				<b>14. STORAGE CAPACITY (gallons)</b>  7,000
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[illegible]

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 19601 W	<b>2. SYSTEM NAME</b> RYANWOOD	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	22	22
A. Full Time Single Family Residences (Occupied 180 days or more per year)	22		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		22	22

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>	
A. How many residents are served by this system 180 or more days per year?	55

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 11/28/2006  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 77960 C	2. SYSTEM NAME SHAWS COVE	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <i>Chief Ops Officer</i> [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448  TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	34,000

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 & 2			X									X			Y	X						88	60	NW NE	28	21N	01E
S02	WELL #1 AAB137				X								X			Y	X						96	40	NW NE	28	21N	01E
S03	WELL #2 AAB138				X								X			Y	X						88	25	NW NE	28	21N	01E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 77960 C	<b>2. SYSTEM NAME</b> SHAWS COVE	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	55	48
A. Full Time Single Family Residences (Occupied 180 days or more per year)	55		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		55	48

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right;">138</span>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

<b>35. Reason for Submitting WFI:</b>
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☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 06/29/2001  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 25707 W	2. SYSTEM NAME SOUTHCREEK #1	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  Chief Ops Officer BOB BLACKMAN [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448  TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: SMA Number: <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.):	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> City / Town <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	35,900

15	16	17	18										19	20	21					22	23	24						
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION						
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X			Y	X						137	38	SW SE	01	17N	03E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 25707 W	<b>2. SYSTEM NAME</b> SOUTHCREEK #1	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	29	Unapproved
A. Full Time Single Family Residences (Occupied 180 days or more per year)	29		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
<b>28. TOTAL SERVICE CONNECTIONS</b>		29	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; margin-right: 50px;">73</span>

<b>30. PART-TIME RESIDENTIAL POPULATION</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

<b>31. TEMPORARY &amp; TRANSIENT USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

<b>32. REGULAR NON-RESIDENTIAL USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

<b>33. ROUTINE COLIFORM SCHEDULE</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

**36. I certify that the information stated on this WFI form is correct to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1

Updated: 06/11/2009

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Source Update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 82844 H	2. SYSTEM NAME SOUTHWOOD WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  <div style="text-align: center;"> <i>Chief Ops Officer</i>  <b>BOB BLACKMAN [OPERATIONS MANAGER]</b>            PO BOX 44427            TACOMA, WA 98448-0427         </div>	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448  TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	
SMA NAME: _____	SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	3,506,000

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
82844 H	SOUTHWOOD WATER SYSTEM	PIERCE	A	Comm

15	16	17	18										19	20	21					22	23	24						
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION						
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY /INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X			Y		X				X	255	267	SE SW	12	18N	03E
S02	BETHEL RIDGE		X											X				X					111	100	SW NE	11	18N	03E
S03	WELL #3 ABA960		X												X		X						240	600	SW SE	12	18N	03E
S04	WELL #4 ABA691		X										X			Y		X				X	50	400	NW SE	12	18N	03E
S05	BEVERLY PK A				X								X			Y		X				X	85	165	SW SE	03	18N	03E
S06	BEVERLY PK B				X								X			Y		X				X	85	350	SW SE	03	18N	03E
S07	SALLY HUBERT		X										X			Y		X				X	200	240	NE NE	24	18N	03E
S08	CHURCH OF NAZARENE		X												X		X						0	0	NW NE	13	18N	03E
S09	LAURADEL #A & B			X									X			Y		X				X	85	385	SW NW	24	18N	03E
S10	QUIET VILLAGE 1		X											X		Y		X				X	108	110	SE SE	23	18N	03E
S11	QUIET VILLAGE 2		X											X		Y		X				X	123	110	SW SE	23	18N	03E
S12	FIR MEADOWS A,B,C			X									X			Y		X				X	60	660	NE SE	06	18N	04E
S13	BARNA 1		X												X		X						223	35	SE SW	06	18N	04E
S14	MOREYGLEN A & B			X									X			Y		X				X	80	550	SE SE	01	18N	03E
S15	OAK HILL ESTATES		X										X			Y		X				X	116	350	NW SW	06	18N	04E
S16	BEVERLY PK A,B,C			X									X			Y		X				X	85	515	SW SE	03	18N	03E
S17	THRIFT A				X								X			Y		X					278	250	SE NE	15	18N	04E
S18	COUNTRY PARK 2		X										X			Y		X	X				234	105	NW NE	14	18N	04E
S19	LAURADEL A				X								X			Y		X				X	85	70			00N	00E
S20	LAURADEL B				X								X			Y		X				X	225	95			00N	00E
S21	FIR MEADOWS A				X								X			Y		X				X	132	275			00N	00E
S22	FIR MEADOWS B				X								X			Y		X				X	100	325			00N	00E
S23	MOREYGLEN A				X								X			Y		X				X	80	335			00N	00E
S24	MOREYGLEN B				X								X			Y		X				X	80	165			00N	00E
S25	THRIFT A & B			X									X			Y		X					278	470			00N	00E
S26	THRIFT B				X								X			Y		X					278	220			00N	00E
S27	Pre-Active 08/24/2004 FIR MEADOWS C				X								X			Y		X				X	160	600			00N	00E
S28	Pre-Active 08/24/2004 BEVERLY PARK C				X								X			Y		X				X	100	600			00N	00E
S29	Pre-Active 08/24/2004 SPIRITWOOD		X												X	N	X						99	0			00N	00E
S30	185TH		X										X			Y		X				X	161	100	NW SE	32	19N	04E
S31	BEHM #1		X										X			Y		X				X	200	55	NW SW	10	18N	04E
S32	MARTIN		X										X			Y		X				X	274	560	SE SE	09	18N	04E
S33	BEHM #2		X										X			Y		X				X	354	600	NW SW	10	18N	04E
S34	TANNENBAUM A,B,C			X									X			Y		X				X	80	2300			00N	00E
S35	TANNENBAUM A				X										X	Y		X				X	80	250	NW SE	05	18N	04E
S36	TANNENBAUM B				X								X			Y		X				X	80	1400	NW SE	05	18N	04E
S37	TANNENBAUM C				X								X			Y		X				X	81	650	NW SE	05	18N	04E
S38	InAct 08/08/2003 LONE TREE		X												X		X						130	30	NW SW	18	18N	04E
S39	EMERALD TERRACE		X										X			Y			X				265	75	NW NW	20	18N	04E
S40	WELL 3 Elementary Shining Mtn		X										X			Y		X					447	960	NW SW	12	18N	03E
S41	InAct 12/01/2008 PARKLANE WELL #1		X												X		X						370	0	NW NW	30	18N	04E
S42	GOLDEN HORSESHOE WELL # 1		X												X		X						100	30	SW SE	18	18N	04E
S43	GOLDEN HORSESHOE WELL #3		X												X		X						175	10	SW SE	18	18N	04E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 82844 H	2. SYSTEM NAME SOUTHWOOD WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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15	16	17	18										19	20	21					22	23	24							
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION							
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE	
S44	Tacoma	86800 N												X		Y	X							1042		NW NW	32	19N	04E
S45	UNAPPROVED Silver Creek Well AKJ211		X										X			Y		X					405	0			00N	00E	
S46	UNAPPROVED Behm Well # 3 AHL762		X										X			Y		X				X		0			00N	00E	

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 82844 H	<b>2. SYSTEM NAME</b> SOUTHWOOD WATER SYSTEM	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	12625	15510
A. Full Time Single Family Residences (Occupied 180 days or more per year)	13,539	<del>12625</del>	
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	249	249	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		12874	15510

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>	
A. How many residents are served by this system 180 or more days per year?	31560

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?	3300	3300	3300	3300	3300	3300			3300	3300	3300	3300
B. How many days per month are they present?	20	20	20	20	20	20			20	20	20	20

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	40	40	40	40	40	40	30	30	40	40	40	40

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 11/29/2001  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 02771 B	2. SYSTEM NAME SPANAWAY ONE ACRE RANCHETTES	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  ROBERT BLACKMAN <i>Chief Ops Officer</i> [MANAGER] PO BOX 44427 TACOMA, WA 98444-8	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448  TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: 253-537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@rainierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12)	
<input type="checkbox"/> Owned and Managed	SMA NAME: _____
<input type="checkbox"/> Managed Only	SMA Number: _____
<input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	500

15	16	17	18												19	20	21				22	23	24					
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT				DEPTH	CAPACITY	SOURCE LOCATION					
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RAINNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X					X				X	140	80	NW NE	35	19N	03E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 02771 B	<b>2. SYSTEM NAME</b> SPANAWAY ONE ACRE RANCHETTES	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	20	20
A. Full Time Single Family Residences (Occupied 180 days or more per year)	20		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		20	20

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; margin-right: 50px;">50</span>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

**36. I certify that the information stated on this WFI form is correct to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 08/25/2009  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Contact Update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 98105 H	2. SYSTEM NAME WOLLOCHET HEIGHTS ESTATES	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <i>Chief Ops officer</i> (MANAGER) PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	20,000

15	16	17	18										19	20	21				22	23	24							
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT				DEPTH		SOURCE LOCATION							
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X					X						50	NE SE	19	21N	02E
S02	InAct 02/23/1998 WELL #2		X										X				X						248	200	NE SE	19	21N	02E
S03	WELL # 3		X										X		Y		X						200	NE NW	19	21N	02E	

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 98105 H	<b>2. SYSTEM NAME</b> WOLLOCHET HEIGHTS ESTATES	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	109	175
A. Full Time Single Family Residences (Occupied 180 days or more per year)	109		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	137		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		109	175

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; margin-right: 50px;"><u>273 343</u></span>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

<b>35. Reason for Submitting WFI:</b>
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☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____